

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: PARTY LAND BOUNCERS & PARTY SUPPLIES INC.  
BUSINESS STREET ADDRESS: 2991 SW 137 Ave DAVIE ZIP 33330  
BUSINESS MAILING ADDRESS: 2991 SW 137 Ave DAVIE ZIP 33330  
BUSINESS PHONE: 954-474-8901

DESCRIBE TYPE OF BUSINESS: BOUNCE HOUSE RENTAL (PHONE USE ONLY)

BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Tammy Futrell</u>	<u>2991 SW 137 Ave</u>	<u>Davie</u>	<u>954-474-8938</u>
2. <u>Vern Futrell</u>	<u>2991 SW 137 Ave</u>	<u>Dave</u>	<u>954-474-8938</u>

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, \_\_\_\_\_, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Tammy Futrell Vern Futrell  
Print Owner or Officers Name and Title

Tammy Futrell  
Signature of Owner or Officer

Office Use Only: Date <u>6/14/02</u> Category <u>15701</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>\$2.50</u> Rec# <u>FE13</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
License # <u>02 16899</u> Control # <u>14046</u> Zoning <u>R-1</u> (Paradise Farms)
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Zoning Approval <u>Jat</u> Date <u>6/20/02</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION